

INITIAL QUESTIONNAIRE

INSTRUCTIONS

THIS QUESTIONNAIRE IS FOR INFORMATION PURPOSES ONLY. COMPLETION OF THIS QUESTIONNAIRE DOES NOT AUTOMATICALLY ENTITLE YOU TO RECEIVE PAYMENTS FROM THE SETTLEMENT FUND.

This Initial Questionnaire is for information purposes only, to let us know the address at which we can mail you future notices regarding any claims process, and to give us information about your particular circumstances. Completion of this questionnaire does not entitle you to any Settlement funds.

Because no Plan of Allocation has yet been adopted, there is not yet a claims process relating to this Settlement. We expect a claims process to commence next year (2000). **This is not a claim form**, although the information you provide may affect the amount of money you may receive from the Settlement Fund, if any.

It is important that you provide answers that are as complete and accurate as possible, though you need not worry if you cannot answer every question. We recognize that this information is over 50 years old, and that you may not know or may have forgotten some names and dates. You may complete this Questionnaire, even if you are the heir of a Holocaust victim, or if you no longer have documents.

You should complete and return this Initial Questionnaire if you think you are or may be a member of one of the Settlement Classes. Where copies of documents are requested in the Initial Questionnaire, you should send photocopies of the documents. Do NOT send the original documents.

IN ORDER TO BE CERTAIN OF BEING CONSIDERED FOR A SHARE IN THE SETTLEMENT FUND, YOU MUST, BY NO LATER THAN OCTOBER 22, 1999, EITHER RETURN THE INITIAL QUESTIONNAIRE OR SEND A LETTER TO THE FOLLOWING ADDRESS ASKING FOR FURTHER NOTICE OF THE PLAN OF ALLOCATION.

"Questionnaires"
In re: Holocaust Victim Assets Litigation
PO Box 8289
San Francisco, CA 94128-8289
USA

If you have any questions about how to fill out the Initial Questionnaire, you should contact a local community organization. They will be able to direct you to a person in your locality who will be able to help you.

When you return the Initial Questionnaire, we will send you a postcard within one month to let you know that we have received it. If we have questions, or need additional information, we will contact you by letter. Consequently, if you change your address, please let the Notice Administrator know by sending a signed letter to the same address that you sent the Initial Questionnaire. If you do not keep the Notice Administrator apprised of your new address, you may not receive further notices or communications.

The information you provide in response to this questionnaire will be kept confidential.

Initial Questionnaire
PLEASE PRINT CLEARLY

If you are a member of one or more of the Settlement Classes defined in the Notice, please complete only **ONE** form per Holocaust victim or survivor. If you are one of several heirs of a Holocaust victim, you should coordinate with other known heirs to submit a single questionnaire. This is **NOT** a claim form.

- A. **CLAIMANT INFORMATION:** For purposes of this form, you are considered the Claimant. Please supply the following information regarding yourself.

Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____ (U.S. only)

- B. **SUBJECT INFORMATION:** You may file a claim for yourself, for relatives who are deceased and for any business, organization, congregation, community, or other entity for which you or your deceased relative was the owner or successor. The person, business, organization, congregation, community or other entity who is a member of the Class as defined in the Notice and on whose behalf the claim is being made is called the Subject. If there is more than one Subject, you must fill out a separate Initial Questionnaire for each Subject.

1. If you are also the Subject, ☒ check here ☐ and provide the address prior to Nazi occupation:

2. If the Subject is an individual other than yourself, please supply the following information regarding the Subject:

Name: _____

Date of birth (approximately): _____

Address prior to Nazi occupation: _____

Date of death: _____

Place of death: _____

Last permanent address prior to death: _____

Social Security Number of Subject: (U.S. only) _____ - _____ - _____

Relationship between you and Subject: _____

3. If the Subject is a business, organization, congregation, community or other entity, please supply the following information:

Name: _____

Current Address: _____

Address prior to Nazi occupation: _____

Describe its nature in as much detail as possible: _____

Relationship between you and Subject: _____

C. **TYPE OF CLASS MEMBER:** If the Subject was/is (for a company, organization, congregation, community or other entity, please respond with regard to its owners or members)

- ☐ Jewish ☐ Romani ☐ Jehovah's Witness ☐ Homosexual
☐ Physically disabled at or prior to Nazi occupation ☐ Mentally disabled prior to Nazi occupation
☐ None of the above

D. **NARRATIVE:** Please describe, in as much detail as you can, where the Subject was during the years 1934 through 1945:

E. **DEPOSITED ASSETS CLAIM:** Deposited Assets means any bank account, safe deposit box, cash, securities, jewelry, or valuables of any kind whatsoever deposited at or stored with a Swiss Bank, investment fund or other custodian, prior to the end of World War II which has not been returned. If you believe that the Subject had Deposited Assets in a Swiss Bank, please provide the following information.

1. Name of depositor (if different from Subject): _____
2. Address of depositor (if different from Subject): _____
3. Name of bank or custodian: _____
☐ *I do not know the name of the bank or custodian.*
4. Location of bank or custodian: _____
☐ *I do not know the location of the bank or other custodian.*
5. The amount of money on deposit was: _____ Currency: _____
☐ *I do not know the amount of money on deposit.*
6. The assets other than money deposited were:

<u>Other Deposited Assets</u>	<u>Value</u>	<u>Currency</u>

- ☐ *I do not know what assets other than money were deposited in the bank or other custodian.*
Please attach any copies of documents, which support your Claim regarding Deposited Assets.
☐ *I do not have any documents which support the existence of my Claim regarding Deposited Assets.*

7. Have you or the Subject been paid any money based on claims of Deposited Assets?
☐ Yes ☐ No
8. If your answer to Item 7, above, was "Yes," please state the following:
The amount received: _____ Currency: _____
When this amount was paid: _____
The government or organization which paid this amount: _____

9. Describe in as much detail as possible all facts that support your Claim regarding Deposited Assets.

10. Provide the names and addresses of any persons who may have information that would support your Claim regarding Deposited Assets.

F. LOOTED ASSETS CLAIM AGAINST SWISS PERSONS OR ENTITIES: Looted Assets means any real or personal property of any kind that was stolen, confiscated, Aryanized, or otherwise wrongfully taken by any person or group affiliated with the Nazis. If you believe that the Subject had Looted Assets, please provide the following information:

1. Describe the Looted Assets in as much detail as possible, including their value:

<u>Looted Assets</u>	<u>Value</u>	<u>Currency</u>
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☐ *I do not have any specific information regarding the Looted Assets.*

☐ *I am unable to value the Looted Assets.*

2. Where were the Looted Assets located?

☐ *I do not know where the Looted Assets were located.*

3. Who took the Looted Assets (e.g., German troops, local civilians, etc.)?

☐ *I do not know who took the Looted Assets.*

4. When were the Looted Assets taken (month and year)?

☐ *I do not know when the Looted Assets were taken.*

5. Please attach any copies of documents that support your Claim regarding Looted Assets (e.g., jewelry and precious metals claim, filing with a Jewish or German agency, etc.).

☐ *I do not have any documents which support my Claim regarding Looted Assets.*

6. Provide the names and addresses of any persons who may have information that would support your Claim for Looted Assets:

7. Have you or the Subject been paid any money based on claims of Looted Assets?

☐ Yes ☐ No

8. If your answer to Item 7, above, was "Yes," please state the following:
The amount received: _____ Currency: _____
When this amount was paid: _____
The government or organization that paid this amount: _____

9. Do you have any evidence that your assets were taken by or transacted through a Swiss entity?
☐ Yes ☐ No
If yes, please describe: _____

G. **SLAVE LABOR CLAIMS AGAINST SWISS PERSONS OR ENTITIES:** Slave Labor means work performed for little or no pay for any governmental body or military unit affiliated with the Nazis or any German, Swiss, or other company in Europe. If you believe that the Subject performed Slave Labor, please provide the following information:

1. Identify the name of the company or companies, governmental or military organizations for whom the Subject performed Slave Labor, and its location(s)

<u>Company or Organization</u>	<u>Location</u>	<u>Dates of Slave Labor</u>	<u>Type of Work</u>

- ☐ I do not know the name of any company, governmental or military organization for whom the Subject performed Slave Labor.
☐ I am unable to identify the dates when the Slave Labor was performed.
☐ I am unable to describe the type of work performed as a Slave Laborer.

2. Have you or the Subject been paid any money based on claims of Slave Labor?
☐ Yes ☐ No

3. If your answer to Item 2, above, was "Yes," please state the following:
The amount received: _____ Currency: _____
When this amount was paid: _____
The government or entity that paid this amount: _____

4. Please attach any copies of documents that support your Claim regarding Slave Labor.
☐ I do not have any documents which support my Claim regarding Slave Labor.

5. Provide the names and addresses of any persons who may have information that would support your Claim for Slave Labor.

6. Do you have any evidence that the profits of the Slave Labor you performed were deposited in or transacted through a Swiss entity?
☐ Yes ☐ No
If yes, please describe the evidence: _____

H. REFUGEE CLAIMS: Please check any of the following statements that apply to the period 1934-1945.

The Subject:

- ☐ *Tried to go to Switzerland to avoid Nazi persecution, but was denied entry into Switzerland by Swiss officials.*
- ☐ *Entered Switzerland to avoid Nazi persecution and was then deported.*
- ☐ *Entered Switzerland to avoid Nazi persecution and was jailed while in Switzerland for having entered the country.*
- ☐ *Entered Switzerland to avoid Nazi persecution and was abused or otherwise mistreated by Swiss officials.*

If you have checked any of the boxes in Category H above, please describe these events in as much detail as you can:

I. CERTIFICATION

I certify under penalty of perjury that to the best of my knowledge, information and belief, the information on this Initial Questionnaire (and additional sheets and attachments) is true and correct. I agree to keep the Administrator timely advised of any changes in status, such as mailing address change.

Signature

Date